

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 751673

1. Entity Name

HURRICANE CREEK BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

% LARRY ZORN
HWY 2A
WESTVILLE FL 32464

1163 ZORN LN
WESTVILLE FL 32464

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2866431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZORN, WILLIAM E., SR
1192 HWY 2A
WESTVILLE FL 32464

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: JOHNSON, WILLIE
STREET ADDRESS: 1195 HWY 1
CITY-STATE-ZIP: WESTVILLE FL 32464

TITLE: D ☐ Delete
NAME: SEWELL, WILLIE F
STREET ADDRESS: 1376 HWY 29
CITY-STATE-ZIP: WESTVILLE FL 32464

TITLE: D ☐ Delete
NAME: STAFFORD, RONALD
STREET ADDRESS: 1069 HWY 81 N
CITY-STATE-ZIP: WESTVILLE FL 32464

TITLE: D ☐ Delete
NAME: YARBOROUGH, S.K.
STREET ADDRESS: 1465 N. HWY 81
CITY-STATE-ZIP: WESTVILLE FL 32464

TITLE: T ☐ Delete
NAME: ZORN, LARRY
STREET ADDRESS: 1163 ZORN LANE
CITY-STATE-ZIP: WESTVILLE FL 32464

TITLE: D ☐ Delete
NAME: YARBROUGH, PHILLIP JR
STREET ADDRESS: 1154 N. HWY 81
CITY-STATE-ZIP: WESTVILLE FL 32464

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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NAME:
STREET ADDRESS:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered, to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Zorn

Larry Zorn

4-14-07

850 956 2182